Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	06/08/2010	Address:	5219E 500 N Lot 4	
Case #:	<u>24F31593</u>		Leesburg, IN	
County:	Kosciusko			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) ite (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): kitchen ☐ Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: <u>kitchen, bedroom</u>				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid: bedroom				
Corrosive Base: <u>bedroom</u>				
Other (item and location): oxidyzer / bedroom				
Child under age 18 discovered (check one) ☐ Yes 1 (number present) ☐ No *If yes, fax report to Child Protective Services		Ephedrir Retail/M	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: KOSCOSD	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	tment: <u>N Webster - Tippecanoe VFD</u> partment: <u>Kosciusko Co. HD</u> ection Service: <u>Kosciusko Co. DCS</u>	Fax: <u>574-834-5668</u> Fax: <u>(574) 269-2023</u> Fax: <u>574-267-8507</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Maggie Shortt Phone 574-206-2931				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.